

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045271

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

LED NOV 26 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Koch, Mo.

Length of stay in 1b

32 days

c. CITY

OR
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Rob't. Koch Hospital

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

1110 S. 18th St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Thomas

Middle

Wesley

Last

Gregory

4. DATE

OF
DEATH

Month

11

Day

10

Year

62

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

2-14-04

9. AGE (last birthday)

58 yrs.

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Various

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Gregory

13b. MOTHER'S MAIDEN NAME

Edie Matchel

14. NAME OF HUSBAND OR WIFE

Effie Crim Gregory

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Records Koch Hosp., Koch, Mo.

18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral infarction & due to
thrombosis of middle cer. artery
acute myocardial infarction
Aspiration bronchopneumonia &Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-9-62

to 11-10-62

and last saw him alive on 11-10-62

Death occurred at 11:45

a.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

H.A. Harris

(Degree or title)

MD

22b. ADDRESS

Rob't. Koch Hosp., Koch, Mo.

22c. DATE SIGNED

11-10-62

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

11/13/1962

23c. NAME OF CEMETERY OR CREMATORY

Palmer Cemetery

23d. LOCATION (City, town, or county)

Palmer, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Donald Sparks

Potosi, Mo

25. DATE RECD. BY LOCAL REG.

11-10-62

26. REGISTRAR'S SIGNATURE

John B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

NOV 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Henry L. Sparks

Licensed Embalmer No. 4236

P. O. Address Shelton, Conn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.